

Appendix D

Joint Security Assistance Training (JSAT) Regulation

This appendix contains those sections that provide policy and procedural guidance on international military training medical considerations and the death of an IMS. The JSAT is respectively: **Army Regulation 12-15, SECNAVINST 4950.4A, and AFJI 16-105.**

CHAPTER 10 -- INTERNATIONAL MILITARY STUDENT ADMINISTRATION

Section III -- Administrative Procedures

10-11-- Casualty Report, Death, and Disposition of Remains

a. If an IMS under SATP sponsorship dies, the activity at which death occurs will immediately notify the appropriate MILDEP.

b. The MILDEP will notify the foreign attaché, public affairs office, and others as appropriate.

c. The activity will furnish a casualty report according to MILDEP regulations. The following additional information will be included in the remarks section of the casualty report:

(1) IMS's ITO number and date, WCN, and country.

(2) Request for instructions for disposition of remains.

(3) Request for permission to perform autopsy if required.

(4) Identification and location of next of kin if available.

d. Funeral or memorial services will not be conducted for IMSs until instructions concerning the disposition of the remains have been received from the appropriate MILDEP. The MILDEP will obtain special instructions on the disposition of remains from the IMSs' government.

e. The training installation will coordinate the preparation and transportation of the remains of IMSs according to authorized disposition instructions. If an escort is desired, the official representative of the country concerned may designate a staff member or an IMS to accompany the remains. U.S. personnel are not authorized for escort assignment.

(1) Per diem and travel costs of the escort accompanying the remains of an IMET IMS within the United States are chargeable to IMET funds.

(2) Travel and transportation expenses for escorts accompanying the remains of an FMS IMS will be borne by the foreign government concerned.

f. The IMET fund-cite in the IMS's ITO will be used to defray preparation expenses and costs for transportation of the remains to the home country. Overseas return transportation costs will be paid from IMET funds only for deceased IMSs from countries for which travel costs are defrayed from IMET funds. For transportation to a country which defrays all or part of the IMS's travel costs, the country concerned must arrange and pay for that portion, either through the CLO or the official foreign government representative.

g. Expenses involved in the death of FMS IMSs are the responsibility of the foreign government; however, the activity concerned will offer all assistance possible. If the assistance of the installation mortuary officer is desired by the foreign government, that officer will, without charge and as a matter of courtesy, negotiate with a civilian mortuary on behalf of the foreign government for the preparation of the remains for burial or shipment. All related charges are the

responsibility of the foreign government. Arrangements for other U.S. agency-sponsored IMSs will be handled by the sponsoring agency.

h. Expenses involved in the death of dependents of IMSs are the responsibility of the IMS or the foreign government and will be handled in the same manner as stated in paragraph g above.

i. The activity concerned will appoint an individual to officially handle the deceased IMS's affairs; for example, obtaining final IMET allowances due, settling valid debts, disposing of an automobile, and inventorying personal effects. Unless otherwise directed, personal effects of deceased IMSs will be forwarded with the inventory list to the appropriate SAO for release to the next of kin.

j. An investigative report of death as a result of accident or homicide will be forwarded to the MILDEP. The report can be in letter format. It should –

(1) Address all circumstances surrounding the IMS's death.

(2) Contain copies of all necessary supporting documents; for example, accident report, medical reports, and death certificate.

10-15. – Dependents

a. IMSs will not be encouraged to bring their dependents to the United States during their training periods. The presence of their dependents will not in any manner alter their (IMSs) status and, in many instances, imposes an unnecessary administrative burden on the training installation. An exception to this policy is made for IMSs attending PME programs identified in table 9-1, Note 4, provided the IMS is able to defray the cost of housing, food and medical care for dependents in the United States. If IMSs insist on bringing dependents at their own expense, they should be encouraged to acquire suitable housing before the family arrives. Housing on and around most military installations is expensive, scarce, or unavailable.

d. Exchange, commissary, and medical privileges for dependents are limited to those IMSs' dependents as authorized in the ITO. Responsibility for payment of medical care expenses will be clearly indicated on the ITO by selecting the appropriate block in figure 7-1, item 12b(2). When dependents accompany or join IMSs without authorization on the ITO, the dependents are not authorized commissary or exchange privileges nor medical care at DOD medical facilities. These privileges cannot be extended without authorization of the foreign government to amend the ITO.

10-19. -- Identification cards

e. Foreign active duty or retired personnel and their dependents that meet the situations below are not eligible for medical or dental care, commissary, theater, or exchange privileges.

(1) Those living in the United States at their own convenience or the convenience of their government.

(2) Those present in the United States in connection with the purchase of U.S. defense articles or services or for collecting information relating to FMS programs.

10-21. -- Indebtedness

a. The following procedures are to be implemented by the IMSO to avoid SATP IMS indebtedness to the USG or a nonappropriated fund, such as billeting fees or medical charges:

(1) Make arrangements with the installation billeting office, and other facilities as deemed appropriate, to ensure the IMSO is immediately notified of delinquent IMS accounts.

(2) Discuss procedures for payment of billeting fees or laundry during IMS in-processing to ensure the IMS is aware of how and when payments are to be made.

(3) Include a check with the billeting office, as part of the IMS's out-processing, to ensure his or her account has been paid.

(4) When an IMS is responsible for payment of medical charges for himself/herself or authorized dependents, discuss procedures for payment during IMS in-processing to ensure the IMS is aware of how and when these payments are required. If the training is for more than 90 days, recommend the IMS obtain medical insurance that will cover the IMS and dependents needs.

b. Upon notification of IMS indebtedness, meet with the IMS, CLO, or senior representative at the training activity to determine the reason for the indebtedness.

(1) If the reason for indebtedness is beyond the IMS's control (for example, no financial support provided by his or her country (or the United States under IMET)), notify the appropriate MILDEP immediately.

(2) When it appears that a medical condition for the IMS or authorized dependents will result in extensive medical charges, counsel the IMS regarding responsibility for payment. If it appears the IMS will not be able to make the required payment, notify the appropriate MILDEP for disposition instructions. Include the diagnosis, prognosis and estimated cost of medical care. Rates are prescribed in MILDEP regulations.

(3) If the indebtedness is determined to be within the IMS's control, take the following actions:

(a) Counsel the IMS. Taking into consideration the amount of debt and the financial support received by the IMS, set up a payment plan to ensure past and future payment requirements are satisfied.

(b) If the IMS does not agree to the arrangement or does not adhere to a payment plan, refer the matter of indebtedness to the training installation commander.

(c) Notify the appropriate MILDEP through the chain of command if the problem is not resolved after counseling by the training installation commander.

(d) Diploma will not be issued until IMS has paid all outstanding bills.

(e) If the IMS departs the training activity before resolving the indebtedness problem, notify the IMSO at the gaining activity. Notify the sponsoring MILDEP through the chain of command if the IMS is to return to his or her home country. In the latter event, the MILDEP will notify the IMS's embassy or the SAO.

10-36. Reporting of IMS problems

c. The following incidents involving IMSs will be reported initially to the MILDEP by phone. Before making recommendations on disposition of IMS, priority message summarizing the incident will be sent to the MILDEP, unified command, and SAO.

(1) Hospitalization. Include date of hospitalization, diagnosis, prognosis, and probable date of release. Reports on dependents are not required unless illness, injury, or condition affects IMS's training or has political implications or will result in extensive medical charges, which are beyond the IMS's ability to pay.

d. Following initial notification, the MILDEP will be kept informed. Written reports will be provided when appropriate.

10-39. -- Urinalysis, blood screening, and drug testing

a. Mandatory testing. IMSs are excluded from any mandatory MILDEP urinalysis and blood screening programs other than for selected training that involves exceptional physical activity or safety and for which the associated physical examination is a prerequisite of the course. Any indication or evidence of alcohol or drug abuse or a debilitating or communicable disease should be reported to the MILDEPS. In addition, students with a potentially debilitating illness will be referred to a medical treatment facility for evaluation of the status of the disease and recommendation concerning whether the IMS will continue training.

b. Human Immunodeficiency Virus (HIV). The IMS's country authority will be notified immediately through established U.S. MILDEP channels of IMSs who are diagnosed as antibody positive following the physical examination noted in paragraph a above or as a result of the IMS's hospitalization or visit to sick call.

(1) An IMS who manifests evidence of progressive clinical illness or immunological deficiency (as defined in paragraph (2) below) will be immediately severed from training and returned to home country.

(2) An IMS who is antibody positive but manifests no evidence of progressive clinical illness or immunological deficiency (physical and laboratory assessment, demonstration of ability to respond to immunizations, and ability to mount a protective immune response to immunizations or exposure to naturally occurring pathogens) will be retained in training subject to the approval of the IMS's military authority and to the following conditions, which will be included as part of the notification to the IMS's country referred to in paragraph b above:

(a) Each IMS will accept counseling on the risks of disease transmission as well as the methods of prevention and will agree to not donate blood.

(b) The IMS will receive a comprehensive clinical and immunological evaluation at least annually.

(c) For IMET students, the charge for the evaluation will be assumed by the IMET funds programmed by the U.S. MILDEPs for medical services for the IMS's country.

(d) For FMS students, the cost of such evaluations will be assumed by their governments.

(e) Noncompliance with the above will be cause for the termination of training and return of the IMS to his or her home country.

(f) The cost of return travel of IMET students will be at the expense of the IMS's country program. The country program will be charged a proportionate share of the training completed by the IMS but not less than 50 percent of the course cost.

(g) The cost of return travel of FMS students will be at the expense of their government. The country will be charged a proportionate share of the training completed by the IMS but not less than 50 percent of the course cost.

(3) While it may not be necessary to limit the activities of IMSs who do not have evidence of progressive disease (see para (2) above), the school's administration may wish to consult with the appropriate base, post, or station medical authority to determine if the training and related activities should be limited to protect their own health and safety as well as others. If such limitations will result in failure to meet the requisites for successful completion of training, the IMS will be terminated from training and returned home at the expense of the IMETP or FMS program.

The country will also be charged a proportionate share of the training completed by the IMS as outlined in paragraphs (2)(f) and (g).

Section V -- Medical and Dental Care

10-45. -- Medical requirements

IMs who have been selected by their country for training are presumed to be in good physical and mental health, as well as being free from communicable diseases. If it is discovered that an IMS cannot qualify for training by reason of physical or mental condition, and in the opinion of medical authorities, will require treatment before entering training, the IMS will be returned to the home country immediately, or as soon thereafter as his or her condition will permit travel.

10-46. -- Medical and dental certification

a. Before issuing an ITO, the SAO will require a signed statement from a competent medical and dental authority stating that the IMS has received a thorough physical examination within the three preceding months. The exam should include a chest X-ray and a screening for serologic evidence of Human Immunodeficiency Virus (HIV), and that the student is free of communicable diseases. IMS training candidates with serologic evidence of HIV infection will not be issued an ITO and will be ineligible for training. The medical and dental authority will also indicate that the IMS is free of communicable diseases or other medical or dental defects that might require treatment or hospitalization during training. If an IMS is certified capable of successfully undergoing instruction even though medical or dental defects exist (diabetes, cardiac condition, metabolic disorder, prosthetics), item 15 of the ITO will state that those medical defects may have an impact on training if not properly controlled or monitored.

b. The certification from competent medical and dental authority referred to in a above will also show that each IMS has received the complete immunization prescribed by the U.S. Public Health Service, as approved by the World Health Organization (WHO). Medical certification is also required for authorized dependents that accompany or join the IMS.

c. If foreign facilities are not equipped or available to process the medical and dental examination referred to in paragraph a above, the SAO will make every effort to have the medical and dental screening for IMs and dependents conducted by the closest U.S. medical or dental facilities. If the IMS is required to have a medical examination at a U.S. facility, the cost of the transportation will be borne by the foreign government.

d. Under no circumstances will the SATP be utilized for the sole purpose of obtaining medical care for IMs or authorized dependents.

e. When IMs report to U.S. medical facilities for treatment, they must have in their possession, as a minimum, their ITO and other documentation that will assist the medical activity. The medical treatment facility concerned requires the IM's --

- (1) WCN.
- (2) Case designator if the IMS is FMS.
- (3) Country.
- (4) Full name for appropriate record keeping and billing.

10-47. -- Medical eligibility, charges, and collection

The following health care benefits and financial considerations cover most IMS medical and dental contingencies but are not all-inclusive. Questions about benefits and charges and collections are referred to the service medical benefits and billing instructions. Item 12b of the ITO must specify the correct source for reimbursement of medical costs. If the IMS is covered under a reciprocal health care agreement between the U.S. and the IMS's country, the agreement will take precedence over the charges listed below. When such an agreement exists, check 12b(3) in the ITO and add the following statement in item 15: "Medical care is provided under (reference the agreement, date, etc.). Reimbursement for services provided is not required."

a. NATO PFP IMS:

(1) NATO IMSs from countries listed in paragraph 10-23a(3) and PFP countries with a ratified SOFA and deposit with the U.S. State Department receive the same medical and dental care as U.S. military personnel.

(a) NATO/and eligible PFP IMSs are not charged for medical and dental outpatient care, medical examinations, or immunizations.

(b) For NATO/and eligible PFP IMSs under FMS, inpatient care in the United States will be provided on a full reimbursable basis (FRB). Charges will be collected either from the FMS case if a medical service line has been included, the IMS, or the foreign government. (See table 10-1)

(c) For NATO/and eligible PFP IMSs under IMET, inpatient care in the United States will be provided on a reimbursable basis chargeable to IMETP. IMET rates and billing procedures are as prescribed in MILDEP regulations. (See table 10-1)

(d) For NATO civilians under FMS/IMET see table 10-2.

(e) NATO/and eligible PFP IMSs are not authorized medical care under CHAMPUS.

(f) Dependents of NATO/and eligible PFP IMS authorized same care (except CHAMPUS inpatient care) as U.S. Military dependents.

(1) Authorized accompanying dependents are not charged for outpatient care, medical examinations, or immunizations. (See table 10-3)

(2) Inpatient care in the United States will be provided on a full reimbursable basis. Charges will be collected either from the IMS or the foreign government.

b. Non-NATO IMET IMSs and civilians may be provided medical care on a space-available basis when facilities and staffing permit. (See table 10-4)

(1) Outpatient and inpatient care, immunizations, and medical examinations will be provided on a reimbursable basis chargeable to the IMETP. Rates and billing procedures are as prescribed in MILDEP regulations.

(2) Dental care will be provided only on an emergency, reimbursable basis.

(3) Authorized accompanying dependents may be provided medical care on a space-available basis when facilities and staffing permit.

(a) Outpatient and inpatient care, immunizations, and medical examinations will be provided on full reimbursable basis.

(b) Charges will be collected either from the IMS or the foreign government.

c. Non-NATO FMS IMSs and civilians may be provided medical care on a space-available basis when facilities and staffing permit. (See table 10-5)

(1) Outpatient and inpatient care, immunizations, and medical examinations will be provided on a full reimbursable basis. Charges will be collected either from the FMS case if a medical service line has been included, the IMS, or the foreign government.

(2) Dental care will be provided only on an emergency, reimbursable basis.

(3) Authorized accompanying dependents may be provided medical care on a space-available basis when facilities and staffing permit. (See table 10-6)

(a) Outpatient and inpatient care, immunizations, and medical examinations will be provided on full reimbursable basis.

(b) Charges will be collected either from the IMS or the foreign government.

d. IMSs are not authorized medical care under CHAMPUS.

e. A dental emergency is a situation where dental treatment is needed for relief of painful or acute conditions. Installation dental surgeons are authorized to include in the concept of a dental emergency care that is required to keep IMSs progressing in their studies.

f. Authorized accompanying dependents are not authorized medical care under CHAMPUS with one exception. Authorized accompanying dependents of NATO IMSs are authorized CHAMPUS care on an outpatient basis only.

g. Authorized accompanying dependents may be provided dental care only on an emergency basis.

10-48. -- Hospitalization

a. When an IMS requires hospitalization as a result of illness or injury, the training installation or the hospital will immediately send a priority message to the MILDEP with information copies to the SAO, unified command, and other agencies in the chain of command as appropriate. The notification will include all pertinent information concerning the IMS's condition as well as a prognosis.

(1) When, in the opinion of U.S. medical authorities, the hospitalization or disability will prevent continuation of the training for more than 30 days, the IMS will be returned to the home country as soon as practicable. The installation commander will notify the MILDEP by message and request disposition instructions.

(2) When the IMS is scheduled for consecutive training beginning before the expected date of release from the hospital, the next training installation will also be made an information addressee.

b. When an IMS's authorized dependents are hospitalized due to illness, injury, a condition which affects IMS's training, has political implications, or will result in excessive medical charges, the training installation commander will send a message to the MILDEP and appropriate agencies in the chain of command. The notification will include all pertinent information, prognosis, estimated charges and whether or not the medical conditions will preclude the IMS from successful completion of his or her training.

c. MILDEP medical facilities will retain IMS in-patient records, as required, and will insure a copy is included in the IMS medical records returned to the country.

10-49. -- Emergency civilian medical care

a. If emergency treatment or medical services are required from civilian sources for IMSs, the following procedures apply:

(1) For IMET IMSs, the IMSO will --

(a) Notify the nearest DOD medical activity.

(b) Obtain from the civilian medical facility three copies of the bill for treatment and services, including a statement signed by the doctor that reads as follows: *"I certify that the above services are necessary in treatment of the above named individual, that services were as stated, and that charges are not in excess of those customarily made in this vicinity."*

(c) Annotate the bill or attach a statement giving the name of the DOD medical activity notified of the need for emergency civilian medical care.

(d) Forward the bill, civilian medical statement, and three copies of the IMS's ITO to the appropriate MILDEP for payment.

(2) For FMS IMSs, payment for emergency treatment is chargeable either to the FMS case, the IMS, or the foreign government. Item 12b of the ITO will indicate the method of payment. If the foreign government is to pay, the civilian medical facility should forward an itemized bill directly to the foreign representative in Washington. If payment is to be charged to the FMS case, the bill should be forwarded to the appropriate MILDEP activity.

(3) For IMSs covered under a reciprocal Health Care agreement that includes supplemental care between the U.S. and the IMS's country the cost is absorbed by the medical activity providing the care.

b. Dependents of all IMSs must pay for civilian medical treatment. Reimbursement will be made by the IMS or the foreign government.

c. Civilian medical care is expensive and in many cases will not be undertaken by civilian agencies without some guarantee of payment. For those IMSs and dependents in a(2) and b above, the country should provide the IMS with written instructions to cover required civilian medical services.

10-50. -- Subsistence

a. All dependents, officer, civilian, and FMS enlisted IMSs are charged for hospital rations. Collections are made as follows --

(1) IMET officer and civilian IMSs pay locally.

(2) FMS officer, civilian, and FMS enlisted IMSs pay locally or costs are charged to the FMS case or the foreign government.

(3) Dependents pay locally.

b. No collections are made from IMET enlisted IMSs. Food costs are included in the medical care rate chargeable to the IMETP.

10-51. -- Constraints

a. ***Elective and definitive surgery.*** Elective medical, surgical, or dental care is that type of care desired or requested by the individual or recommended by the physician or dentist which, in the opinion of professional authority, can be performed at another time or place without jeopardizing the health or well-being of the patient. The overall policy regarding elective and definitive surgery is that moderation should prevail, except for bona fide emergency situations. SAO personnel will not imply to an IMS that U.S. DOD medical activities will be available for cosmetic or remedial surgery.

b. ***Prosthetic devices.*** Prosthetic devices such as hearing aids or orthopedic footwear are not authorized for issue to non-NATO IMSs. Eyeglasses may be furnished to non-NATO IMS when necessary for the IMS to perform his or her assigned duties but only when eyeglasses are not available through civilian sources. Thus, it is unlikely that eyeglasses will be provided from USG

resources to non-NATO IMSs in CONUS since eyeglasses are usually available from local sources such as an exchange or a civilian optometrist.

10-52. -- Immunization before return to homeland

The IMSO of the last training installation will ensure that the immunization requirements of the WHO are met before the IMS's arrival at the POE for return to the home country. This information can normally be provided by local installation dispensary personnel.

Section VI -- In-country Pre-departure Briefings and Training Installation Briefings for International Military Students

10-53. -- In-country pre-departure briefing-general

a. Proper preparation of IMSs for U.S. training can create a favorable attitude toward achieving the objectives for which they are being trained. Therefore, a thorough pre-departure briefing is essential for each IMS selected for U.S. training.

b. Each SAO will ensure that IMSs selected for training at DOD installations receive a thorough oral pre-departure briefing. In addition, whenever possible, a written outline of the briefing with specific notes or examples in the IMS's native language will be given to the IMS for retention and future reference. In those exceptional cases when it may be impossible to brief the IMS orally, the SAO may provide a written pre-departure briefing package for delivery to the IMS. Pre-departure briefings will be updated and modified as required, based on the comments of returning IMSs about their experiences in the United States.

10-54. -- In-country pre-departure briefing content

c. Travel

(4) Health, immigration, and customs officials are located at the POE. For a health inspection, the individual must show the International Certificate of Immunization. Immigration officials will stamp the passport or ITO and issue an entry permit; the customs inspector will require a customs declaration. In this regard, each individual will bring items for personal use only. Merchandise for resale or for gifts is subject to a duty tax.

o. Medical care in the U.S. is expensive. Make the IMS aware of the provisions of chapter 10, section V, particularly in regard to medical care charges, charges, and collections for IMSs and their authorized dependents. When the IMS's training will exceed 90 days, recommend the IMS purchase health insurance to cover potential medical charges.

u. ITOs. Explain in detail the use of the ITO for identification, itinerary, payment, medical services, baggage limitations, and authorization of dependents. This is necessary since many IMSs have little or no knowledge of the importance and use of their ITOs. Also, stress the need to retain the original ITO and sufficient copies explaining that the ITO is the controlling document for the training and administration of the IMS. The IMS will be authorized only the training and privileges as stated in the ITO or any amendments.

10-55. -- Training installation briefing

k. Dependents-Authorization; housing; cost of living; medical care benefits, charges, payment procedures and health insurance.

Section VII -- Department of the Army

10-58 -- IMSO Responsibilities

c. IMSO responsibilities fall into three categories, which are not mutually exclusive:

(1) ***IMSO administrative and support functions.*** These are clearly delineated throughout chapter 10 of this regulation. The orientation program is critical for IMS.

(a) Presentation on HIV/AIDS.

10-60. -- Casualty report, death, and disposition of remains

- a. If an IMS under DA sponsorship dies, the U.S. Army activity at which the death occurs will immediately notify by telephone HQDA (SAUS-IA-DSA), HQDA (SAUS-IA-FL), and SATFA (TRADOC staff duty officer, AV 680-2256, commercial 804-727-2256). SATFA will notify the appropriate foreign attaché; HQDA (SAUS-IA-DSA) will notify the Army Public Affairs Office.
- b. The activity will furnish a casualty report according to AR 600-8-1; SATFA (ATFA-R) will be included as an action addressee. HQDA (SAUS-IA-DSA), the major training command, the unified command, and the SAO will be included as information addressees to the casualty report.
- c. An investigative report of an accidental death or homicide will be forwarded to the Director, SATFA, Building 139, 173 Bernard Road; Fort Monroe, VA 23651-1003.

10-81. -- Medical and dental care

- a. IMSs training under IMET and FMS are eligible for care in Army medical facilities under AR 40-3.
- b. When IMSs require hospitalization, the training installation commander will notify SATFA by message, with information copies to HQDA, the unified commander, and the SAO. Authority for disposition of the IMS will be furnished by SATFA.
- c. Accounting and reimbursement for medical costs, for IMET or when included in the FMS case, will be processed to the U.S. Army Medical Command as a sub line manager for these expenses by SATFA.
- d. When emergency civilian medical care is required by IMS, IMSO will forward all billing materials for IMET and FMS (if cost is to be charged to FMS case), to: Commander, U.S. Army Health Services Command, Attn: MCRM-F, 2050 Worth Road, Suite 9, Fort Sam Houston, TX 78254-6000.

Section VIII -- Department of the Navy

10-93. -- Medical

a. Medical and dental care.

(1) Eligibility for medical and dental care will be determined according to the NAVMEDCOMINST 6320.31.

(2) Details on medical and dental care eligibility, medical and dental certification, physical and psychological training requirements, hospitalization, restrictions to medical care, return of IMS, reimbursement, and immunization prior to return to homeland, are provided in the DON SATP Programming Guide.

(3) When an IMS requires hospitalization as a result of illness or injury, the training installation (or the hospital, if the IMS has been admitted) will send a message report providing details. For Navy students this report will be sent to NETSAFA with information copies to Navy IPO, BUMED, the unified command, the SAO, and others as appropriate. For Marine Corps students this report will be sent to CG MCCDC CSW, with information copies to Navy IPO, BUMED, NETSAFA, the unified command, and others as appropriate. Special reporting requirements for IMS affected with Human Immunodeficiency Virus (HIV) are shown below.

b. Human Immunodeficiency Virus (HIV).

(1) DSCA provides policy for IMSs affected with HIV, sets requirements for HIV testing prior to reporting to the United States for training, delineates under what conditions students may be tested after arriving in the United States, and provides guidelines on the disposition of students

who are diagnosed as HIV positive. Once a DON SATP-sponsored IMS is diagnosed as HIV positive, CONFIDENTIAL notification of those (see para b(3) below) who must take action should take place immediately to ensure proper staffing and coordination.

(2) IMSs who voluntarily request HIV screening will be tested, provided that the student's government approves and agrees to assume the cost of such testing. The IMS must also agree to accept the possible consequences of such screening, which may include --

(a) Counseling on the risks of disease transmission, methods of prevention, and IMS agreement not to donate blood.

(b) A comprehensive clinical immunological evaluation at least annually (at the country's expense for FMS students).

(c) Possible return to the home country.

(3) Due to the sensitivity of this issue and the requirement to closely coordinate all action with the State Department, Defense Department, and the Embassy of the country involved, all HIV related incidents involving IMS shall be immediately reported by **Confidential** message to Navy IPO (02), CG MCCDC (CSW), as appropriate, information CNO (N52), NETSAFA, BUMED, and the activity's chain of command. To protect the confidentiality of the individual, only the country code, student control number (SCN), and the worksheet control number (WCN) will be used. Report shall be made when first diagnosed and when confirmed by the Western Blot Test. The **Confidential** confirmation message should also contain the results of the medical evaluation for fitness for continued training.

(4) Upon obtaining all required information, and after coordination, Navy IPO, will provide disenrollment and/or final disposition instructions according to one of the following categories:

(a) Students in a progressive stage will have their training terminated immediately and be sent home.

(b) Students who only display serologic evidence of HIV infection will be processed on a case-by-case basis, depending upon the medical evaluation and the type of training scheduled. Generally speaking, those involved in hazardous training will be terminated, while others may be allowed to complete some phases of their training pipeline.

(5) The above HIV policy does not apply to IMS dependents or to personnel under non-security-assistance sponsored programs. Requests for information on HIV screening policy for international students under non-security-assistance programs should be forwarded to the organization having responsibility for the program.

c. Medical coverage certification required for IMS and authorized dependents attending Naval Postgraduate School (NAVPGSCOL) --

(1) IMS scheduled for attendance at the NAVPGSCOL must certify that medical coverage not provided by the U.S. Government via reciprocity agreements or by the IMET program will be provided for the IMS and accompanying dependents. This certification will be provided to the servicing SAO as a prerequisite for enrollment.

(2) IMS attending NAVPGSCOL are unique in that their length of stay is considerably longer than other U.S. Professional Military Education (PME) courses of study (18 months to 4 years, depending on student's curriculum). Excessive medical costs cause undue hardship on IMS not covered by reciprocity agreements, IMET or the student's government. This medical coverage certification is therefore required to prevent financial calamity for the IMS and to assure prompt payment of medical providers.

(3) The certification must assure coverage for --

(a) Inpatient care, outpatient care, medical examinations and immunizations.

1. Non-NATO IMS and/or accompanying dependents sponsored by the Foreign Military Sales (FMS) Program.

2. Accompanying dependents of a non-NATO IMS sponsored by the IMET program.

(b) Inpatient care provided to --

1. NATO/and eligible PFP IMS and/or accompanying dependents sponsored by the FMS program.

2. Accompanying dependents of a NATO/and eligible PFP IMS sponsored by the IMET program.

3. The certification to the SAO must either --

a. Authorize a medical line in the FMS case sponsoring the IMS and accompanying dependents; and

b. Authorize the establishment of an FMS case for paying medical bills incurred by the IMS or accompanying dependents; and

c. Authorize its embassy in the U.S. to pay medical bills incurred by the IMS or accompanying dependents; or

d. Demonstrate proof of adequate medical insurance coverage for the IMS and/or accompanying dependents.

10-97. -- Deaths

If an IMS under DON sponsorship dies while undergoing training with U.S. forces or while traveling in relation to the training, the remains will generally become the responsibility of the DON until return to the home country's custody can be made. Basic guidance is contained in NAVMEDCOMINST 5360.1. Detailed instructions on actions to be taken with respect to the remains will be provided by BUMED after coordination with Navy IPO (for U.S. Navy sponsored IMS's) or CG MCCDC (for Marine Corps sponsored trainees). Bills for services in connection with the disposition of a deceased IMS under the IMET program will be submitted to BUMED for certifying. Bills will then be forwarded to NETSAFA for addition of the appropriate accounting data before submitting for payment. Bills for services in connection with the disposition of remains of IMSs in IMS training status will be submitted to BUMED for certification and forwarded to the appropriate embassy for payment.

Section IX -- Department of the Air Force

10-114. -- Deceased IMSs

Funeral services will not be conducted until appropriate instructions concerning the disposition of the remains have been received from HQ USAF (AFI 34-501).

a. As stated in AFI 34-501 and other applicable mortuary affairs publications, services and supplies will be acquired from a funeral home holding a contract for care of remains, if a contract is in effect in the area in which the death occurs. If a contract is not in effect, necessary services and supplies will be acquired through negotiation. Funeral director invoices for services and supplies will be submitted to AFSAT/RM, Randolph AFB, TX 78150-4302.

b. Requirements for foreign flags suitable for covering a casket should be established under the instructions in AFMAN 23-100. Flags should be procured through supply channels.

c. Accounts for deceased SATP IMSs will be submitted to the local accounting and finance officer for processing according to AFR 177-103 as follows --

(1) The original plus four copies of the appropriate series of DD Form 1351 computed to show the amounts due the deceased and certified by the personnel officer.

(2) Three copies of the current ITO, attached to the applicable DD Form 1351 series.

(3) AF Form 1122 (Personal Property Inventory) to accompany the effects as listed in AFI 34-501. Articles that cannot be shipped (for example, automobiles) will be disposed of as directed in writing by the appropriate country representative.

10-126. -- Medical and dental care

a. Eligibility for health care in medical treatment facilities is outlined in AFI 41-115. While the basic entitlement for medical care is the same for SATP active duty as for U.S. active duty, there are differences that are detailed in AFI 41-115.

b. There is a charge for in-patient care for SATP IMSs unless they are included under a reciprocal health care agreement between the U.S. and the individual's country. AFI 41-115 details the charges.

c. Under all cases, AFI 41-115 takes precedence if there is a conflict between that regulation and this publication. Conflicting guidance should be identified to SAF/IA.

d. USAF facilities will be fully reimbursed for all medical services provided to students sponsored by another US Government agency. These students are normally provided a sickness and accident insurance policy by the sponsoring U.S. agency to defray all medical expenses. When the student is not covered by insurance, reimbursement will be made locally by the student or bills will be forwarded to AFSAT for reimbursement from the sponsoring agency.

e. In the rare instance when elective medical care is considered necessary, the complete facts of the case will be transmitted by message to HQ USAF WASH DC//SGPC//for approval. The message will include the following information --

(1) Name, grade, and country of origin.

(2) Diagnosis.

(3) Type of elective medical care.

(4) Prognosis.

f. Reimbursement procedures are as follows:

(1) Procedures for IMSs who receive outpatient or inpatient medical services at U.S. Air Force facilities will be billed as directed in the IMS's ITO. Services to be billed under IMET or an FMS case will be made by the servicing medical facility to AFSAT on DD Form 7 (Report of Treatment Furnished Pay Patients Hospitalization Furnished (Part A)) or DD Form 7A (Report of Treatment Furnished Pay Patients Outpatient Treatment Furnished (Part B)). AFSAT will make appropriate disbursement.

(2) Officers will reimburse U.S. Air Force medical facilities for subsistence furnished. Subsistence charged for airmen is authorized as a direct payment to the hospital and may be included in the invoice for medical care.

(3) Expenses for IMET medical care in other than U.S. Air Force hospitals are charged directly to IMET funds.

10-127. -- Hospitalization or casualties

a. When a CONUS IMS is hospitalized, the details will be reported immediately by message to AFSAT/CC and the SAO concerned. Progress reports will be made in a timely manner and include a final report indicating the date the IMS returned to duty.

b. Casualty messages concerning IMSs who die, who are seriously injured, or who are missing will be administered and transmitted by the base personal affairs office (DPMAP) according to AFI 36-3002. Casualty messages will be addressed to HQ USAF WASH DC//CVAI//, with information copies to OSAF WASH DC//IAX//; AFSAT RANDOLPH AFB, TX//CC//; HQ AFMPC RANDOLPH AFB, TX//PMCC//; the SAO that published the original ITO; and other commands as required.

c. The "*circumstance letter*" for deceased or missing IMSs will be mailed to HQ USAF/CVAI, 1670 Air Force Pentagon, WASH DC 20330-1670, in lieu of the addressees indicated in AFI 36-3002.

d. AFI 36-3002 will be used as a guide in reporting casualties occurring in overseas training installations. Action and information addressees will be as directed by the applicable component commander.

10-128. -- Air evacuation

a. IMSs are authorized aeromedical evacuation when necessary as prescribed in DOD 4515.13R. The full daily hospitalization rate prescribed in AFI 41-305 is charged for each day they are in the aeromedical evacuation system. Additionally, the aeromedical evacuation transportation rate is charged for evacuation to or from the IMS's home country. This rate is three times the non-USG fare, and one additional fare for a non-medical attendance (NMA) accompanying the patient, or three times the commercial first class fare plus one dollar, where no Government rate exists. Ambulatory patients will be charged the non-USG single seat fare, plus one additional fare for any accompanying NMA or the first class commercial fare where appropriate.

b. Hospital commanders in the United States with IMET IMSs requiring air evacuation to their home country should request Commander, 375th MAW, 101 Heritage Drive, Suite 208, Scott AFB, IL 62225-5000, to make travel arrangements. Submit requests for travel through AFSAT/CC, 2021 1st Drive West, Randolph AFB, TX 78150-4302 with information copies to SAF/IAX, 1080 Air Force Pentagon, Wash, DC 20330-1080 and HQ USAF/SGMR, 170 Luke Avenue, Bolling AFB, DC 20332-5113. Requests will identify the IMS by name, the training project under which the IMS was being trained, and will include the following additional data:

- (1) Diagnosis.
- (2) Prognosis.
- (3) Class of patient.
- (4) Date patient will be available for travel.
- (5) Funding information.

c. Air evacuation from overseas training installations for IMET IMSs will be accomplished as indicated in instructions by the respective component commanders.

Table 10-1 NATO/and Eligible PFP Military Under FMS/IMET		
Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	NA
Inpatient, direct care	Yes	See Note 1
CHAMPUS	No	NA
Supplemental care	Diagnostic test only	NA
Cooperative care	No	NA
Aeromedical evacuation	Yes	See Note 2
Dental care	Yes	NA
USTF system	Yes	NA
Outpatient, emergency	Yes	NA
Inpatient, emergency	Yes	See Note 1
Immunizations	Yes	NA
Prosthetic devices	Yes	NA
Notes:		
1 For FMS IMS, charge the full reimbursable rate (FRR) for inpatient care.		
2. For IMET IMS, charge the IMET rate for inpatient care. 2 See paragraph 10-128.		

Table 10-2 NATO/and Eligible PFP Civilians Under FMS/IMET		
Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	NA
Inpatient, direct care	Yes	See Note 1
CHAMPUS	No	NA
Supplemental care	Yes	NA
Cooperative care	No	NA
Aeromedical evacuation	Yes	See Note 2
Dental care	Emergency basis	NA
USTF system	No	NA
Outpatient, emergency	Yes	NA
Inpatient, emergency	Yes	See Note 1
Immunizations	Yes	NA
Prosthetic devices	No	NA
Notes:		
1. For FMS IMS, charge the full reimbursable rate (FRR) for inpatient care.		
2. For IMET IMS, charge the IMET rate for inpatient care. 2 See paragraph 10-128.		

Table 10-3 Dependents of NATO Military/Civilian Under FMS/IMET		
Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	NA
Inpatient, direct care	Yes	FRR
CHAMPUS	Outpatient only	NA
Supplemental care	No	NA
Cooperative care	Diagnostic tests only	NA
Aeromedical evacuation	Yes	See Note 1
Dental care	Emergency basis	NA
USTF system	No	NA
Outpatient, emergency	Yes	NA
Inpatient, emergency	Yes	FRR
Immunizations	Yes	NA
Prosthetic devices	No	NA
Notes: See paragraph 10-128		

Table 10-4 Non-NATO/and Eligible PFP Military/Civilian Under IMET		
Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	IMET rate
Inpatient, direct care	Yes	IMET rate
CHAMPUS	No	NA
Supplemental care	Yes	IMET rate
Cooperative care	No	NA
Aeromedical evacuation	Yes	See Note 1

Dental care	Emergency basis	IMET rate
USTF system	No	NA
Outpatient, emergency	Yes	IMET rate
Inpatient, emergency	Yes	IMET rate
Immunizations	Yes	IMET rate
Prosthetic devices	No	NA

Notes: See paragraph 10-128

Table 10-5
Non-NATO Military/Civilian Under FMS

Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	FRR
Inpatient, direct care	Yes	FRR
CHAMPUS	No	NA
Supplemental care	Yes	FRR
Cooperative care	No	NA
Aeromedical evacuation	Yes	See Note 1
Dental care	Emergency basis	FRR
USTF system	No	NA
Outpatient, emergency	Yes	FRR
Inpatient, emergency	Yes	FRR
Immunizations	Yes	FRR
Prosthetic devices	No	NA

Notes: See paragraph 10-128

Table 10-6
Dependents of Non-NATO Military/Civilian Under FMS/IMET

Benefit	Eligibility	Collect Charges IAW ITO
Outpatient, direct care	Yes	FRR
Inpatient, direct care	Yes	FRR
CHAMPUS	No	NA
Supplemental care	Yes	FRR
Cooperative care	No	NA
Aeromedical evacuation	Yes	See Note 1
Dental care	Emergency basis	FRR
USTF system	No	NA
Outpatient, emergency	Yes	FRR
Inpatient, emergency	Yes	FRR
Immunizations	Yes	FRR
Prosthetic devices	No	NA

Notes: See paragraph 10-128

CHAPTER 12 – ORIENTATION TOURS

Section 1 – General

12-8(4) Medical Services. Only emergency medical services will be provided.